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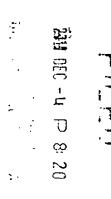
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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D. SCOTT DEC 1 0 2018

## **COVER LETTER**

TO: Registration Section

Tallahassee, FL 32314

SUBJECT:	TY DIVE CENTER, LLC  Name of Lim	ited Liability Company		
		,,		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	SUSAN H FOWLER			
		Name of Person		
	LAKE CITY DIVE CENT	TER, LLC		
		Firm/Company		
	426 SE COMMERCE DR	IVE #150		:, 5g,
		Address		
	LAKE CITY, FL 32025			DEC -4
	Susan@lakecitydivecenter.c	City/State and Zip Code		T 7
	E-mail address: (	to be used for future annual report notifica	tion)	9. 20
For further information of	concerning this matter, please co	ill:		¥ .
SUSAN FOWLER		386 48763-45		
Name o	of Person		elephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &
Regist Divisio	ING ADDRESS: ration Section on of Corporations fox 6327	STREET/COURIER Registration Section Division of Corporation Clifton Building		

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Company as it now appears on our reconited Liability Company)	ords.)
npany were filed on 4/25/2018	and assigned
l liability company here:	
Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
<u> </u>	
	EE II
	<u> </u>
	0 1
	20
red office address on our reco s <u>s here</u> :	rds, enter the name of the
Enter Florida street add	tress
	d liability company here:  Liability Company," the designation "L.  SS)  red office address on our recoss here:

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			Change
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			□ Change
			□ Add
			🗆 Remove
			Change

We, Lake City Dive Cellier hav	e changed our internal compar	iy by-laws. We would like	to have our LLC
% changed from the original. V	Ve would like to have Susan H	Fowler be 51% and Mark	Fowler 49% of
ownership. As per our new by-	laws.		
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tive date, if other than the d	ate of filing:		(optional)
ffective date is listed, the date must be: If the date inserted in this bloc	be specific and cannot be prior to d	ate of filing or more than 90 da statutory filing requirement	iys after tiling.) Pursuant to 6
ment's effective date on the Dep			
and anosition a dalayed	offoctive date, but not a	n effective time, at 10	2:01 a.m. on the ear
ecord specifies a delayed of e90th day after the recor	d is filed.	ir enective time, at 12	e.or a.m. on the car
November 29	2018	^ A	
d		$\cdot$ . $\cap \cap \cap$	
VIIIACAI	1/1 Collar	MILLY	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00